

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41713

1. PLACE OF DEATH

County Nodaway
Township Grant
City Barnard (No. _____)

Registration District No. 617
Primary Registration District No. 4368

File No. _____
Registered No. 27
St. _____ Ward _____

FULL NAME Emma A. Alkire

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin A. Alkire</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 26 - 1856</u>				
7. AGE <u>75</u>	YEARS <u>8</u>	MONTHS <u>13</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) <u>Bushnell</u> (STATE OR COUNTRY) <u>Ill.</u>	
PARENTS	10. NAME OF FATHER <u>Bartley Robinson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Clinton</u> (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Pa.</u> (STATE OR COUNTRY)

14. INFORMANT <u>Allie L. Campbell</u> (Address) <u>Marionville Mo</u>
15. FILED <u>12/10, 1931</u> <u>Chas D. Humbert M.D.</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 9 1931

17. HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to December 9, 1931, that I last saw him alive on December 6, 1931, and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
(duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

☒ DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Chas D. Humbert M.D. M. D.
12/10, 1931 (Address) Barnard, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Missouri Cemetery Marionville</u>	DATE OF BURIAL <u>12-11 1931</u>
20. UNDERTAKER <u>Campbell Funeral Home Marionville Mo</u>	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

